

**BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS**

In the matter of the Application of _____)
_____)
for permission to offer Shared Tenant)
Services (STS) at property generally)
known as _____)
_____)

Docket No. _____

(Assigned by KCC)

**APPLICATION TO PROVIDE
SHARED TENANT SERVICES (STS)**

Comes now _____
(Name of preparer)
of _____
(Name of business)

a _____ (Corporation, Partnership or Individual) representing its intention to engage in the business of a Shared Tenant Services (STS) provider in the State of Kansas under the business name of _____, and making claim that public convenience will be thereby promoted. Said applicant, for purposes of fitness to operate, offers the following information in support of the application:

1. Give full correct name of company, firm, association or corporation making this filing:

_____ .

2. Address and phone number of principal office of company and of local office:

_____ .

_____ .

3. Toll free Customer service number and normal business hours:

_____ .

4. Name and phone number of the Commission/Industry Relations contact person:

_____ .

5. As attachments, provide the following organizational Information:

5a. Name, title and address of each officer.

5b. If incorporated, Directors names, addresses, office terms and shares of stock.

5c. Other properties in Kansas where the Applicant is offering STS and the date authorized by the KCC.

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(Continued)

6. As an attachment, if incorporated, provide state of incorporation and proof of incorporation.
7. As an attachment, provide proof of registration with the Kansas Secretary of State.
8. As an attachment, provide information concerning the applicant's financial viability for this undertaking. Include last audited annual report, if available.
9. As an attachment, provide a signed copy of a Letter of Agency (LOA) authorizing the applicant to negotiate for and to provide telecommunications services, on behalf of the property owner.
10. As an attachment, provide complete description of the proposed service area, including; number of unites/suites, location of applicant's switching equipment and a map.
11. As an attachment, provide a description of applicant's proposed services with their respective rates.
12. Does the applicant intend of provide or resell Long Distance inter-exchange Carrier services? (Yes/No) _____. If yes, indicate the date and name under which Kansas Certification was granted or applied for: Date _____. Name _____.
13. As an attachment, provide a sample copy of your end user's Customer Bill.
14. As an attachment, provide information attesting to the applicant's technical/operational depth and resources, which will be available to the customers at this location.
15. Date when approval is requested _____. Note, normal processing time is six to eight weeks from date of filing. If expedited handling is desired, please so indicate in transmittal letter.
16. This application, with six copies should be submitted to:
The Kansas Corporation Commission
Executive Director
1500 SW Arrowhead Road
Topeka, Kansas 66604-4027

State of _____, _____ County, ss.

_____, being duly sworn deposes and says that s/he
is the _____, of _____,
(Title) (Company name)

Subscribed and sworn before me, this ____ day of _____, _____.